, FORM D

# 260431 SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



#### FORM D

### NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



OMB Number:

Expires: April 30, 2008

3235-0076

Estimated average burden

hours per form ...



Name of Offering ([ ] check if this is an amen	idment and name has char	nged, and indicate	change.)					
UXComm, Inc. Convertible Promissory No	te				·			
Filing Under (Check box(es) that apply):	[ ] Rule 504	[ ] Rule 505	[X] Rule 506	[ ]Section 4(6				
Type of Filing: [X] New Filing	[ ] Amendment			DD(				
A. BASIC IDENTIFICATION DATA								
1. Enter the information requested about th	e issuer	•		A	PR <b>0 6</b> 2007			
Name of Issuer ([ ] check if this is an amenda	ment and name has chang	ed, and indicate o	hange.)					
UXComm, Inc.	_	•			THOMSON			
Address of Executive Offices	(Number and Street, City	, State, Zip Code	) Telephone Number	(Including Area (	adalANCIAL .			
20475 NW Amberwood Drive, Suite 120, B	eaverton, OR 97006		(503) 748-6400					
-	(Number and Street, City	, State, Zip Code	) Telephone Number	(Including Area (	Code)			
(if different from Executive Offices)								
			<u> </u>					
Brief Description of Business					,			
Software for management of IT datacente	ers.							
Type of Business Organization			•		10.3			
[X] corporation	[ ] limited partnersl		ed .	[ ] other (please	specify):			
[ ] business trust	[ ] limited partnersl	hip, to be formed						
			Year					
Actual or Estimated Date of Incorporation or 0	_	. , .	[2003]	[X] Actual	[ ] Estimated			
Jurisdiction of Incorporation or Organization:	•		vice abbreviation for St	ate:				
	CN for Canada	a; FN for foreign	jurisdiction)		[OR]			
			•		•			

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner [ ] General and/or Managing Partner	[ ] Executive Officer	[X] Director	
Full Name (Last name first, if indi				
Elmore, William B.	,		•	
	lumber and Street, City, State, Zip Code) ow Road, Suite 200, Menlo Park, CA 94125			
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner [ ] General and/or Managing Partner	[ ] Executive Officer	[X] Director	
Full Name (Last name first, if indi	vidual)			
Chen, David	,	-		
	lumber and Street, City, State, Zip Code)			
	SW Macadam, Suite 300, Portland, OR 97239			
Check Box(es) that Apply:	[ ] Promoter [X] Beneficial Owner	[ ] Executive Officer	[ ] Director	
	[ ] General and/or Managing Partner	£ 3 =	( )	
Full Name (Last name first, if indi			•	
Foundation Capital IV, L.P.	,			
	lumber and Street, City, State, Zip Code)			
	ow Road, Suite 200, Menlo Park, CA 94125			
Check Box(es) that Apply:	Promoter [X] Beneficial Owner	[ ] Executive Officer	[ ] Director	
Check Box(es) that Approx.	[ ] General and/or Managing Partner	[ ] Executive Officer	[ ] Director	
Full Name (Last name first, if indi			•	
Intel Capital Corporation	vidual)	•		
	Number and Street City State Zin Code			
	lumber and Street, City, State, Zip Code)			
	sion College Boulevard, Santa Clara, CA 95052	13/2 F	( 1 Director	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner [ ] General and/or Managing Partner	[X] Executive Officer	[ ] Director	
Full Name (Last name first, if indi	vidual)			
(	vicual)			
Mahoney, Robert	vidual)			
Mahoney, Robert	·		·	
Mahoney, Robert  Business or Residence Address (N	Jumber and Street, City, State, Zip Code)	<del>.</del>	<u></u>	
Mahoney, Robert Business or Residence Address (N c/o UXComm, Inc., 20475 NW A	Jumber and Street, City, State, Zip Code) Amberwood Drive, Suite 120, Beaverton, OR 97006	[ ] Executive Officer	[ ] Director	•••
Mahoney, Robert  Business or Residence Address (N	Jumber and Street, City, State, Zip Code) Amberwood Drive, Suite 120, Beaverton, OR 97006  [ ] Promoter [X] Beneficial Owner	[ ] Executive Officer	[ ] Director	
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Mahoney, Robert  Business or Residence Address (No. 10 UXComm, Inc., 20475 NW ACheck Box(es) that Apply:  Full Name (Last name first, if indicates)	Jumber and Street, City, State, Zip Code) Amberwood Drive, Suite 120, Beaverton, OR 97006  [ ] Promoter [X] Beneficial Owner [ ] General and/or Managing Partner ividual)	[ ] Executive Officer	[ ] Director	
Mahoney, Robert  Business or Residence Address (Necho UXComm, Inc., 20475 NW ACheck Box(es) that Apply:  Full Name (Last name first, if indio OVP Venture Partners VI, L.P.	Jumber and Street, City, State, Zip Code) Amberwood Drive, Suite 120, Beaverton, OR 97006  [ ] Promoter [X] Beneficial Owner [ ] General and/or Managing Partner  [ vidual)	[ ] Executive Officer	[ ] Director	
Mahoney, Robert  Business or Residence Address (North Land Land Land Land Land Land Land Land	Jumber and Street, City, State, Zip Code)  Amberwood Drive, Suite 120, Beaverton, OR 97006  [ ] Promoter [X] Beneficial Owner  [ ] General and/or Managing Partner  ividual)  Jumber and Street, City, State, Zip Code)	[ ] Executive Officer	[ ] Director	
Mahoney, Robert  Business or Residence Address (Nordo UXComm, Inc., 20475 NW ACheck Box(es) that Apply:  Full Name (Last name first, if inditional OVP Venture Partners VI, L.P. Business or Residence Address (Nordo OVP Venture Partners, 5550)	Jumber and Street, City, State, Zip Code) Amberwood Drive, Suite 120, Beaverton, OR 97006  [ ] Promoter [X] Beneficial Owner   [ ] General and/or Managing Partner ividual)  Jumber and Street, City, State, Zip Code)  O SW Macadam, Suite 300, Portland, OR 97239			
Mahoney, Robert  Business or Residence Address (North Land Land Land Land Land Land Land Land	Jumber and Street, City, State, Zip Code)  Amberwood Drive, Suite 120, Beaverton, OR 97006  [ ] Promoter [X] Beneficial Owner  [ ] General and/or Managing Partner  ividual)  Jumber and Street, City, State, Zip Code)  SW Macadam, Suite 300, Portland, OR 97239  [ ] Promoter [X] Beneficial Owner	[ ] Executive Officer	[ ] Director	
Mahoney, Robert  Business or Residence Address (Now Low Low Low Low Low Low Low Low Low L	Jumber and Street, City, State, Zip Code)  Amberwood Drive, Suite 120, Beaverton, OR 97006  [ ] Promoter [X] Beneficial Owner  [ ] General and/or Managing Partner  (vidual)  Jumber and Street, City, State, Zip Code)  J. SW Macadam, Suite 300, Portland, OR 97239  [ ] Promoter [X] Beneficial Owner  [ ] General and/or Managing Partner			
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Check Box(es) that Apply:	[ ] Promoter [ ] General and/or Ma	[X] Beneficial Owner	[ ] Executive Officer	[ ] Director			
Full Name (Last name first, if indiv		naging I artilei					
Vanecek, George  Business or Residence Address (Number and Street, City, State, Zip Code)							
2810 Gregory Street, Madison, W	VI 53711						
Check Box(es) that Apply:	[ ] Promoter [ ] General and/or Ma	[ ] Beneficial Owner naging Partner	[ ] Executive Officer	[ ] Director			
Full Name (Last name first, if indiv							
Business or Residence Address (Nu	umber and Street, City, S	State, Zip Code)					
Check Box(es) that Apply:	[ ] Promoter [ ] General and/or Ma	[ ] Beneficial Owner naging Partner	[ ] Executive Officer	[ ] Director			
Full Name (Last name first, if indiv	ridual)						
Business or Residence Address (No	umber and Street, City, S	State, Zip Code)					
Check Box(es) that Apply:	[ ] Promoter [ ] General and/or Ma	[ ] Beneficial Owner naging Partner	[ ] Executive Officer	[ ] Director			
Full Name (Last name first, if indiv	ridual)		<del></del>				
Business or Residence Address (No	umber and Street, City, S	State, Zip Code)					
Check Box(es) that Apply:	[ ] Promoter [ ] General and/or Ma	[ ] Beneficial Owner naging Partner	[ ] Executive Officer	[ ] Director			
Full Name (Last name first, if indiv							
Business or Residence Address (No	umber and Street, City, S	State, Zip Code)					
Check Box(es) that Apply:	[ ] Promoter [ ] General and/or Ma	[ ] Beneficial Owner naging Partner	[ ] Executive Officer	[ ] Director			
Full Name (Last name first, if indiv	vidual)						
Business or Residence Address (No	umber and Street, City, S	State, Zip Code)					
Check Box(es) that Apply:	[ ] Promoter [ ] General and/or Ma	[] Beneficial Owner naging Partner	[ ] Executive Officer	[ ] Director			
Full Name (Last name first, if indiv	vidual)						
Business or Residence Address (No	umber and Street, City, S	State, Zip Code)					
Check Box(es) that Apply:	[ ] Promoter [ ] General and/or Ma	[ ] Beneficial Owner naging Partner	[ ] Executive Officer	[ ] Director			
Full Name (Last name first, if indiv	vidual)						
Business or Residence Address (N	umber and Street, City, S	State, Zip Code)		4			
Check Box(es) that Apply:	[ ] Promoter [ ] General and/or Ma	[ ] Beneficial Owner naging Partner	[ ] Executive Officer	[ ] Director			
Full Name (Last name first, if indiv	vidual)						
Business or Residence Address (N	umber and Street, City, S	State, Zip Code)					
Check Box(es) that Apply:	[ ] Promoter [ ] General and/or Ma	[ ] Beneficial Owner naging Partner	[ ] Executive Officer	[ ] Director			
Full Name (Last name first, if indiv							
Business or Residence Address (N	umber and Street, City, S	State, Zip Code)					
Check Box(es) that Apply:	[ ] Promoter [ ] General and/or Ma	[ ] Beneficial Owner naging Partner	[ ] Executive Officer	[ ] Director			
Full Name (Last name first, if indiv	·						
Business or Residence Address (N	umber and Street, City, S	State, Zip Code)					
	(Use blank sheet,	or copy and use additional copies	s of this sheet, as necessary.)				

	·		•	В	. INFC	PRMAT	TON A	ROO.Í.	OFFER	ang '			•	
1.	Has the issue	er sold, or o	does the iss			non-accrec							Yes []	No [X]
2.	2. What is the minimum investment that will be accepted from any individual?							\$ <u>N</u>	ONE					
3.	.  Does the offe	ering perm	iit joint ow	nership of	a single ur	nit?							Yes	No [X]
4.	Enter the infe		•											
7.	remuneration	n for solici oker or de	tation of p aler registe	urchasers i ered with the	in connect he SEC an	ion with sa d/or with a	iles of seci state or s	irities in th tates, list th	e offering ne name of	If a person the broker	on to be lis r or dealer	ted is an a . If more t	ssociated pers than five (5) po N/A	
Ful	Name (Last n	ame first,	if individu	al)										
Bus	iness or Resid	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)							
Nar	ne of Associat	ed Broker	or Dealer											
Stat	tes in Which P	erson Liste	ed Has Sol	icited or In	tends to S	olicit Purcl	nasers							
	(CI )	# <b>. 13 . C</b>			10									
	(Cneck	"All State	S or check	cindividua [AR]	I States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ ] All Si [ID]	ates
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	MI]	[MN]	MS]	[MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Ful	Name (Last n			al)		<del>````</del>				<del></del>		····		
Bus	iness or Resid	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	Code)							
Nar	ne of Associat	ed Broker	or Dealer			· - · · ·								
Stat	tes in Which P	erson Liste	ed Has Sol	icited or In	tends to S	olicit Purcl	nasers							
	(Check	"All State	s" or checl	c individua	l States)								[ ] All Si	ates
	· [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
rı	[RI]	[SC]	. [SD]	[TN]	[TX]	[ហា]	[VT]	[VA]	[WA]	[wv]	[wi]	[WY]	[PR]	
rui	Name (Last n	iame iirst,	ii inaiviau	aij										
	iness or Resid		`	er and Stre	eet, City, S	State, Zip C	ode)			•				
Nar	ne of Associat	ed Broker	or Dealer								,			
Stat	tes in Which P	erson Listo	ed Has Sol	icited or In	tends to S	olicit Purcl	nasers							
	(Check	"All State	s" or checl	k individua	l States)		••••••	***************************************		•••••		•••••	[ ] All S	ates
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
			Į.	(Use biank	sneet, or	copy and u	se addition	iai copies o	or this shee	a, as neces	sary.)			

#### 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [ ] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt..... Equity ..... [ ] Common [ ] Preferred Convertible Securities (including warrants)..... Partnership Interests Other (Convertible Promissory Notes)..... \$ 1,000,000.00 \$ 450,000.00 Total ..... \$ 450,000,00 \$ 1,000,000.00 Answer also in Appendix, Column 3, if filing Under ULOE Enter the number of accredited and non-accredited investors who have purchased 2. securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Dollar Amount Investors of Purchases \$ 450,000.00 Accredited Investors.... Non-accredited Investors Total (for filings Under Rule 504 Only)..... Answer also in Appendix, Column 4 if filing under ULOE 3. If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Security Type of Dollar Amount Security Sold Rule 505 Regulation A Rule 504 ..... a. Furnish a statement of all expenses in connection with the issuance and distribution. of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate... \$<u>15,000.00</u> Other Expenses (identify): [ ]

· C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total......[X]

\$\_15,000.00

## ... C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	<ul> <li>b. Enter the difference between the aggregate offering price given in response to Part C</li> <li>– Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."</li> </ul>		\$ 985,000.00
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.	Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	s[]	\$
	Research and Development	<b>S</b> []	S
	Purchase, rental or leasing and installation of machinery and equipment [ ]	s[]	\$
	Construction or leasing of plant buildings and facilities	S[]	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger)	\$[] \$[]	ss
	Working capital and general corporate purposes [ ]	\$[X]	\$ 985,000.00
	Other (specify): [ ]	s[]	s
	Column totals	s[]	s
	Total payments listed (column totals added)	[X] \$ <u>985,000.00</u>	<del></del>

### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) UXComm, Inc.	Signature W	Date 3-26-67
Name of Signer (Print or Type)	Title of Signer (Print or Type)	•
Ralph L. Arnheim III	Secretary	

### Attention

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

